SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NU	MBER	:	PAGE	1	97 OF	•	421
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

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/ Folitical Action Committee C	of the American Association of Ortho	paedic SurgeonsFAC of AAOS		
Full Name (Last, First, Middle Initial) Henry L Eiserloh MD	Date of Receipt			
Mailing Address 828 Woodleigh Dr	10 09 2013			
City Baton Rouge	State Zip Code LA 70810-5332	Transaction ID : 5391574 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation			
Baton Rouge Orthopaedic Clinic	Orthopaedic Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Bryan D Den Hartog MD	Date of Receipt			
Mailing Address 7220 South Hwy 16		10 09 2013		
City	State Zip Code	Transaction ID: 5391575		
Rapid City	SD 57709-6850	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	750.00		
Name of Employer	Occupation	-		
Black Hills Orthopedic Clinic	Orthopaedic Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	750.00			
Full Name (Last, First, Middle Initial) Paul J Girard MD	Date of Receipt			
Mailing Address 10622 Briarlake Woods	Dr	10 09 2013		
City	State Zip Code	Transaction ID: 5391579		
San Diego	CA 92130-4832	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	\dashv		
University of California San Diego	Orthopaedic Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	250.00			

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00